## Foster Family Home - Corrective Action Report

Provider ID:

1-170050

Home Name:

Antonio Rivera Jr, NA

Review ID:

1-170050-4

2312 Kalihi Street, Apt. A

Reviewer:

Angelica Galindo

Honolulu

HI 96819

Begin Date:

5/24/2019

**Foster Family Home** 

**Required Certificate** 

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter, and

Comment:

Home inspection for a 2 person CCFFH recertification made on 5/24/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/24/19.

6.(d)(1) - see applicable sections of the review

**Foster Family Home** 

Reporting Changes

[11-800-12]

12.

The case management agency or home shall immediately report to the department changes that may affect the case management agency's or home's ability to comply with the applicable requirements of this chapter. Changes to be reported include, but are not limited to, changes:

Comment:

12. CCFFH provided care to 3 clients in a 2 client certified CCFFH from December 21, 2018 to May 22, 2019. PCG did not try to transfer 3rd client or report to CMA, or CTA that he was providing care to a 3rd client until CTA called to schedule a re-certification visit on 05/22/2019.

**Foster Family Home** 

Information Confidentiality

[11-800-16]

16.(b)(5)

Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) - No confidentiality policies and procedures training for CG#5 in home folder.

## Foster Family Home - Corrective Action Report

Foster Family H	lome	Personnel and Staffing	[11-800-41]
41.(b)(7)	Have a c	urrent tuberculosis clearance that mee	ts department guidelines; and
41.(b)(8)	Have do		borne pathogen and infection control, cardiopulmonary
41.(c)	The primatraining a	ary caregiver shall attend twelve hours	a, and the substitute caregiver shall attend eight hours, of in-service edepartment as pertinent to the management and care of clients, ation of training received by all caregivers, in the caregiver file in the
41.(g)	documen	me oran areas needed to benon iasks	assessed by the department for competency in basic caregiver skills necessary to carrying out each client's service plan. The of all caregivers shall be kept in the client's, case manager's, and rice plan.
Comment:			
41.(b)(7) - TB cle	earance la	osed for CG#5: last done 9/05/201	7 in home folder.
41.(b)(8) - No pro 3/12/2019 in hom	oof of bloo ne folder.	d borne pathogen training for CG# No proof of blood borne pathogen	3 for 2018 to determine lapse. BBP done on 11/14/2017 and in home folder for CG#5.
41.(c) - No proof	of 8 hours	in service for CG#3 in home folde	r for 2018.
41.(g) - No proof	of basic s	kills training in client#1 and Client #	#2 chart for CG#2 and CG#3
Foster Family H	ome	Client Care and Services	[11-800-43]
43.(c)(3)	Be based	on the caregiver following a service pl	an for addressing the client's needs. The RN case manager may
Comment	delegate	client care and services as provided in	chapter 16-89-100.
43.(c)(3) - No pro	of of RN o	delegations in Client #1 and Client	#2 chart for CG#2 and CG#3.
Foster Family H		Client Transfer/Discharge	[11-800-44]
44.(a)(3)	A minimu	m of three weeks advance notice is giv	en prior to any transfer or discharge to:
44.(a)(3)(B)	The client		hen the transfer or discharge is initiated by the case management
Comment:		and nome,	
miniculate namble	o was leu	t #1 was requested to transfer to a uested by PCG since CCFFH was 9. Client #1 was not the last client	nother CCFFH for respite care immediately by PCG. certified for 2 clients and had admitted 3 clients. Client was admitted to CCFFH.
Foster Family Ho	ome	Fire Safety	[11-800-46]
46.(a)	or are day,	evening, and riight. The drills shall be	n a record, in the home, of unannounced fire drills at different times a conducted at least monthly under varied conditions and shall
Comment:	include the	testing of smoke detectors.	
46.(a) - No proof o	of fire drill	conducted by CG#3 for 2018. No p	proof of fire drill conducted at night for 2018 in home folder.
			served at higher or 2010 in home rolder.
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	الرلال	MUNKN	6/14/19
	Complia	nce Manager	Date
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## Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name: Antonio F. Rivera Jr.

CCFFH Address: 2312 Kalihi St. Apt. A Honolulu, Hawaii, 96819

Rule	ess: 2312 Kalihi St. Apt. A Honolulu, Hawaii, 9681 Corrective Action Taken		
Number	corrective Action Taken	Date Corrected	Prevention Strategy
12	Client #3 agreed to move into another Foster Home June 5, 2019.	06/05/2019	I understand the regulation and I will not do it again.
16 (b) (5)	CG#5 was trained Confidentiality Training and signed. It was placed into home record.	06/10/2019	In the future, all new caregivers and household members will receive this training within 10 days of being added to the home.
41 (b) (7)	2019 TB Screening form was obtained for CG#5. It was placed into home record.	06/10/2019	Home will use a Calendar to identify when requirements are due to 2 months before they expire to allow time to get them done before they are due.
41 (b) (8)	2018 Blood Borne Pathogen was obtained for CG#3 and 2019 Blood Borne Pathogen was obtained for CG#5. It was placed into home binder.	06/06/2019	Home will use a Calendar and iPhone to identify when requirements are due to 2 months before they expire to allow time to get them done before they are due.
41 (c)	2018 8 Hour in-service was obtained for CG#3. It was placed into home binder.	06/06/2019	Home will use a Calendar and iPhone to identify when requirements are due to 2 months before they expire to allow time to get them done before they are due.
41 (g)	Case Manager provide RN delegation CG#2 and CG#3 for the basic skills training in Client #1 and Client #2. It was placed into the client's record.	06/08/2019	Home will use a Calendar to set a schedule for all caregivers to come here in my Home and Case Manager will provide RN delegation.
43 (c) (3)	CG#2 and CG#3, RN Delegation were done by Case manager for Client #1 and Client #2. It was placed into the client's record.	06/08/2019	Home will use a Calendar to set a schedule for all caregivers to come here in my Home and Case Manager will provide RN delegation.
44 (a) (3)	Client #3 agreed to move into another Foster Home June 5, 2019.	06/05/2019	I understand the regulation and I will not do it again.
44(a)(3)(B)	Client #3 agreed to move into another Foster Home June 5, 2019.	06/05/2019	I understand the regulation and I will not do it again.

46 (a)	Fire drill was done by CG#3. It was placed into home binder.	06/06/2019	Fire drills will be done by each caregiver at least once a month morning, evening and nighttime. Schedule and posted on the Calendar.
46 (a)	Fire drill was done by CG#5 has conducted at 5pm June 8, 2019 and CG#1 has conducted at 8pm June 10, 2019. It was placed into the home binder.	06/08/2019	Fire drills will be done by each caregiver at least once a month morning, evening and nighttime. Schedule and posted on the Calendar.

Primary Caregiver's Signature: \_\_\_\_

F. Riverd Jr. Date of Signature: 09/16/2019